								Application or Docket Number					
	PATENT	APPLICATIO Effect	10629395										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER		
TOTAL CLAIMS			20				RAT	E	FEE	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE 375.00		OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*	•		X\$ 9=		OR	X\$18=	· · · · · · · · · · · · · · · · · · ·	
INDEPENDENT CLAIMS			minus 3 =		*			X42=		OR	X84≈		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				.140			OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								+140= TOTAL 750			+280=		
CLAIMS AS AMENDED - PART II								ΑĻ	110	OR			
(Column 1) (Column 2) (Column 3)							SMA	LL	ENTITY	OR.	OTHER SMALL I		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE,		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	- 20	Minus	** 6	70	- /	X\$ 9	9=		OR	X\$18=		
AME	Independent	• 2	Minus	DENDENT	3	-/	X42	:=		OR.	X84=	/ .	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140)= 		OR	+280=	/	
1-10								TAL	/	OR	TOTAL ADDIT, FEE	/	
(Column 1) (Column 2) (Column 3)											ADDIT. FEES		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDÍ- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		-	X42	<u>:</u> =		OR	X84=	\	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=		OR	+280=		
								TAL	•		TOTAL	·	
		(Column 1)		(Celun	nn 2)	(Column 3)	ADDIT.	ree (ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**		=	X\$ 9	_	FEE	00	X\$18=	FEE	
VEN	Independent		Minus	***	- 15-5	-	-			OR			
Ā	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		X42	_		OR	X84=		
	0						+140			OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR:	TOTAL ADDIT, FEE		
-	ii the "Highest Nu The "Highest Nun	mber Previously Pai nber Previously Pai	aid For IN TH id For (Total o	is SPACE i or Independe	s less tha ent) is the	n 3, enter 3. highest number			propriate box	r in cot	umn 1.		
FORM	PTO-875 (Rev. 1)	2/02) ' 'U.S. Go	vecnment Printing (Office: 2003	498-278/60	151	Patent and T	råden	nank Office, U.	S. DÉP	ARTMENT OF	COMMERCE	
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